

Mental Health in India: Forthcoming Pandemic

Iram Ansari, A. K. Upadhyay, N. K. Singh, Sanower, and Maansi

Department of Veterinary Public Health and Epidemiology
College of Veterinary and Animal Sciences
G B Pant University of Agriculture and Technology, Pantnagar-263145
Uttarakhand, India

Abstract-

Mental health conditions contribute to poor health outcomes, premature death, human rights violations, and global and national economic loss. History has taught us that when a disaster strikes, it causes not only destruction but leaves behind lingering effects as well, effects that are felt much later, when the disaster has passed. It could be chronic injuries; loss of person, habitat and source of income, anxiety, depression, substance abuse, domestic violence and it has been no different in the ongoing COVID-19 pandemic. There have been several reports of increase in domestic violence and child abuse. Even experts say that the next major problem the world will be facing after the pandemic is mental health issues. Mental health is an essential and integral part of health. It enhances the competencies of individuals and communities thereby enabling them to achieve their self-determined goals. The magnitude of mental disorders is a growing public health concern. Mental disorders are common and universal, affecting people of all countries and societies, individuals of all ages, women and men, the rich and poor, from urban and rural communities. Mental disorders rank fifth among the major causes of global burden of disease. So, we need to prepare ourselves with our positive attitude if that is really going to be happen.

Introduction-

Health is a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity (WHO, 1948). Mental health conditions include mental, neurological and substance use disorders, suicide risk and associated psychosocial, cognitive and intellectual disabilities. However, mental health remains a neglected part of global efforts to improve health. People with mental health conditions experience widespread human rights violations, discrimination and stigma. More than 80% of people experiencing mental health conditions, including individuals experiencing neurological and substance use disorders, are

without any form of quality, affordable mental health care. This is despite mental health conditions accounting for 1 in 5 years lived with disability globally, leading to more than US\$ 1 trillion per year in economic losses. It is well known that people living with mental health conditions are more likely to face other physical health problems e.g. HIV, TB, and non-communicable diseases e.g. cancer and cardiovascular disease, causing early mortality of 10-20 years. Suicide mortality is high (close to 800 000 deaths per year), disproportionately affecting young people and elderly women in low- and middle-income countries. Mental health conditions are especially common for people affected by humanitarian crises and other forms of adversity (e.g. sexual violence). WHO also realized the importance of mental health and concluded that there can be no health and sustainable development without improving the mental health. The WHO stress that mental health is “more than just the absence of avoiding active conditions but also looking after ongoing wellness and happiness. The common mental disorders are anxiety, stress, depression, bipolar, dementia, phobia, Schizophrenia disorders etc. Hence, WHO has taken a special initiative through a programme on mental health named “**Universal Health Coverage for Mental Health 2019-2023**” with a mission to “*Promote health, keep the world safe, serve the vulnerable*” and with a vision “*All people achieve the highest standard of Mental health and well-being*” (WHO, 2019).

WHO when giving the definition of ‘Healthy’ included physical, social and mental well-being into the definition indicating the importance of mental health. And so far countries like India do not just lack in the knowledge regarding the mental health issues but the population views it not as a disease like they do with other illnesses such as Typhoid or Dengue, instead it is regarded as a stigma. When, a person suffering from mental issues is generally seen not as a patient but simply a lunatic, regardless of the state of his illness. Mental health is a very important part of the overall health of a being. It plays a pivotal role in the proper and effective functioning of individuals. Mental health can also be defined as, “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (Reddy *et al.*, 2019). When an individual is unable to do so, then he’s said be suffering from ill mental health or mental disorders. According to an article published by Cambridge University Press, DSM-IV conceptualizes mental disorders as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g. a painful

symptom) or disability (i.e. impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom (**Stein et al., 2010**). Mental disorders show a wide variety of forms, from subclinical to severe. A mental illness is easy to recognize when it becomes 'Visible' and reaches the level of a disorder or disease or syndrome. This can again be divided into Major and Minor mental health disorders. The former are clearly recognized and are what we commonly encounter in the mental hospitals. The latter, though not as easily identifiable is the form which is prevalent in the community. The sub clinical form or the non syndromal form is usually connected to the behavior shown by an individual. As the name says, since there is no overt symptoms/syndrome, they are very difficult to recognize and hence are termed 'Invisible' (**Math and Srinivasraju, 2010**).

Sufferings-

An estimate by WHO puts 450 million people to be suffering from mental illnesses around the world (**Reddy et al., 2019**). About 264 million people across the globe are suffering from depression, 45 million from bipolar disorder, 50 million from dementia, 20 million from schizophrenia and other psychoses according to WHO fact sheet (**WHO, 2019**), which also states that though treatment options exist still around 76-85% patients in the low to middle income countries do not undergo treatment. Depression in itself is a big problem but it is also a major driving force to suicide, especially among the youth. As far as India is concerned, the estimate is around 9.5-102/1000 according to a study conducted by **NIMHANS**. The **NIMHANS** (2015-16) report indicates lifetime prevalence of mental disorder as 13.7 per- cent with 10.6 per cent of them requiring immediate interventions. Extrapolating the results of the 12 states to entire country would mean at least 150 million Indians are in need of intervention for mental health. This National Mental Health survey shows urban areas to be most affected, the problems being 2 – 3 times higher in Metros. It is observed that almost 1 in 20 suffer from depression, being higher in females in the age-group 40-49 years. 22.4 per cent of the population above 18 years suffers from substance use disorder, with the highest contributed by tobacco and alcohol use disorder and detected more among males. While prevalence of mental illness is higher among males (13.9 per cent) as compared to females (7.5 percent), certain specific mental illnesses like mood disorders (depression, neurotic disorders, phobic anxiety disorders etc) are more in females. Neurosis and stress related illness is also seen to be more in women. Prevalence in teenagers aged between 13 and 17 years is seen to be 7.3 per cent. Currently only 30 million Indians have

access to mental health facility and only 10 percent of Indians with mental health problems receive evidence-based treatments. Treatment gaps greater than 70 percent exist due to insufficient funding of mental, neurological, and substance use disorders. India's number of mental health beds was found to be well below average with only 2.15 beds per 100,000 compared to the global figure of 6.5 (**Shankardass, 2018**). WHO also puts 2443 DALYS PER 10000 population in India? The most prone section to mental disorders are women, elderly, children, survivors of disasters and wars, industrial workers etc. (**Reddy et al., 2019**). Neuropsychiatric conditions contribute at about 14% of the disease burden that the world experiences. This data is still not accurate and highly undermines the true figures of people who suffer from mental illnesses, especially in a country like India where the concept of mental health is still in its infancy. Add to it the interplay of other diseases with mental illnesses and the latter gets severely overshadowed (**Srivastava et al., 2016**). Several studies which tried to measure how health literate the people of India are, found it to be quite low in Indian adolescents i.e. 29.04% people were able to identify depression while mere 1.3% were able to identify schizophrenia/psychosis. Even the one in need of help showed stigma. In 2015, the suicide rate in India was at 15.7/100,000 which was higher than the regional average of 12.9 and the global average of 10.6 (**WHO, 2016**). It is seen that suicide leads the causation of death among Indian population, especially in the age group 15-29 but still remains an unaddressed issue (**Patel et al., 2012**). Though the data collected from different studies vary in numbers but the conclusion that is usually drawn from all the epidemiological studies conducted in India, regardless of the design of the study is that, about 20% of our adult population is suffering from one of the psychiatric illness. The variation in numbers is not only observed in Indian context but in the studies conducted internationally also (**Math and Srinivasraju, 2010**).

Another proportion of the community that hasn't been paid attention to is the child group. Only a handful of studies have focused on the child and adolescent proportion of the population. According to one such study which included a total of 1403 participants aged 8-12 years, it was reported that the prevalence of such disorders was 94/1000 population. Another study, which was sponsored by ICMR, done in the year 2005 by Srinath and his colleagues, put the prevalence rate at 12.5 in the 0-16 year's age group children. If we are to convert this into numbers then considering that around 40% of Indian population is formed of children and adolescents, at least 4 crore children are in need of help. The people above 60 constitute around 7.5% of our

population and they are shown to be mostly suffering from depression. According to a study conducted in West Bengal 61% of such population was in need to psychiatric assistance (**Math and Srinivasraju, 2010**).

The issue that is of major concern is suicide attempts, especially among the youth, apart from substance abuse. According to a report by National Crime Record, there has been an increase of 27.7% between the periods 1995 to 2005 in the number of suicide attempts, putting it at about 10.5 million. In a study conducted in Hyderabad, the number of suicide was seen to be higher among girls (152 lakh) than the boys (69 lakh). When we compare this rate with the suicides in the same age group in the high income countries, these rates are four times as much for boys. Another study conducted in South India reported that 3.9% of the youth showed suicidal behavior. It is also seen that the prevalence rate of mental illness is low in India when compared with the western nations. It may be because of several reasons i.e. the studies conducted were not able to realize the true prevalence rate because of inadequacy in measurement. Or it can be because of the environment that Indians live in with good family support and culture and genetic reasons (**Reddy et al, 2019**).

Difficulties Faced-

There a number of difficulties that one faces in the Indian context as far as mental disorders go. The biggest of them is the social stigma and lack of awareness. Cost of treatment and lack of easily accessible treatment centers leads to delay in seeking treatment and help. The Indian beliefs of supernatural powers and trust on traditional medicine also deter in looking for proper treatment options. Also the lack of political attention, which is mainly focused on maternal and child health and other communicable diseases, leads to mental health issues being pushed into the shadows (**Reddy et al, 2019**). Though several improvements have been seen in the health sector in the previous years, the contribution to the global health burden on our country is still high. We even lag behind our neighboring countries and the other low to middle income countries when comparison is done. The expenditure on health care facilities is high, which, in most of the cases, cannot be borne by the poor section of society and consequently they are unable to receive basic health care. It has been suggested that the responsibility of treatment can be shifted to non-specialists/ community health workers to increase the efficiency of the health care facilities, especially in countries where the task force is not adequate in number.

Given the dire shortage in numbers of psychiatrists, psychologists, psychiatric nurses, and social workers; piggy-backing on primary care systems and employing innovative force-multipliers are future courses of action. Most low and middle income countries are still in the stages where they are fighting the conventional diseases and hence the health services connected to mental disorders are not prevalent. These countries direct their funding to the public health issues that are most copious in the present time, their primary health care facilities are equipped to treat the overt diseases, the concept of mental health is still in the developing stages and hence there is barely any staff qualified to handle such cases, there is a lack of awareness not only in the general public but the policy makers as well. Lack of awareness is the main reason why there is no treatment infrastructure or facilities for such disorders. History in the other countries have shown that there have been a positive acceptance of the awareness campaigns about mental problems and it has also helped to reduce the stigma that usually surrounds such illnesses. They have also shown the importance of involving family members and community participation in general if such campaigns are to succeed. Wrong information and ignorance give rise to stigma and discrimination. To be aware of a health problem, one must also have health literacy (**Srivastava et al., 2016**). Globally, 20% of young people experience mental disorders. In India, only 7.3% of its 365 million youth report such problems. Although public stigma associated with mental health problems particularly affects help-seeking among young people, the extent of stigma among young people in India is unknown. Young people are unable to recognize causes and symptoms of mental health problems and believe that recovery is unlikely. People with mental health problems are perceived as dangerous and irresponsible, likely due to misinformation and misunderstanding of mental health problems as being solely comprised of severe mental disorders e.g. schizophrenia (**Gaiha et al., 2020**).

Explanations-

It is only through generating awareness that this problem could be curbed. With the increase in awareness, not only will people get involved in their own mental health but there will be early recognition of such disorders and increase in seeking for treatment and preventive protocols. It will also lead to political and social identification of the disorders and as a result provisions of adequate funding will be there. The main intention of India's national mental health policy is to reduce public stigma hence, in April 2017, India passed a law protecting the

right to equality and non-discrimination of people with mental illness (**MOFW & MOLJ, GOI**). To reduce the mental disorders enhancement of mental literacy (MLT) rate among public is very essential. The term mental health literacy 'was introduced by Anthony F Jorm & colleagues, in 1997. It is defined as, "*knowledge and beliefs about mental disorders which aid their recognition, management & prevention*". Mental health literacy includes the ability to recognize specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, of self-treatments, and of professional help available and attitudes that promote recognition and appropriate help-seeking (Jorm, 2000). Poor MHL therefore, remains an urgent public health concern because it is known to influence the public's decision-making in relation to their mental health, particularly their low rates of help-seeking for psychiatric symptoms. MHL may also influence other aspects of the help-seeking process, such as attitudes toward mental health practitioners, stigma and bias toward patients, treatment choice, and compliance with treatment. There is a concerted need to raise awareness of mental illness and mental health literacy among the general population, as well as among various population groups and professions (**Venkataraman et al., 2019**). There is a growing need to prioritize common mental health disorders and not the psychotic disorders. Also the responsibility of treatment and care needs to be shifted over to primary health care centers which are much more accessible and approachable to the public from the mental hospitals. It would also help to decrease the anxiety that comes from approaching for help for such disorders. There is a need to put emphasis on mental problems which are considered 'Invisible' like attempted suicide, substance use, aggression etc. so that proper strategies to counter and treat such illnesses can be put in place. The 'Invisible' problems remain largely unexplored because the studies conducted have largely focused on the visible mental problems because they are easy to recognize (**Math and Srinivasaraju, 2010**). The society needs to change its outlook if we are to tackle the problem of mental health. An individual's rights in the society needs to be protected, especially if is suffering from a mental illness. New policies need to be formulated which focus not only on mental disorders but how to promote mental health as well. Inter sectoral coordination will play a very important role in achieving this. If we want to put into place efficient preventive measures then we have to focus the interventions at the early age because it is seen that the prodromes of mental disorders develop at an early age. The children need to be provided with good environment in school, good nutrition, psycho-social help whenever needed (**Reddy et al.,**

2019). Currently, all of us are experiencing emotions, thoughts and situations we have never experienced before. It is not that there were no pandemics earlier. Pandemics such as Plague, Cholera, Spanish flu, Asian flu, SARS, MERS, Ebola, etc, while the pandemic of COVID-19 is on a completely different scale. It has shaken the entire world and created global panic. As COVID-19 initially creeps in and subsequently spreads at a galloping pace, it has been ravaging country after country. The pandemic has significant and variable psychological impacts in each country, depending on the stage of the pandemic (). The COVID-19 pandemic has had a major effect on our lives. Many of us are facing challenges that can be stressful, overwhelming, and cause strong emotions in adults and children. Public health actions, such as social distancing, are necessary to reduce the spread of COVID-19, but they can make us feel isolated and lonely and can increase stress and anxiety. Learning to cope with stress in a healthy way will make you, the people you care about, and those around you become more resilient (**CDC, 2021**). Public education may use symptomatic vignettes (through relatable language and visuals) instead of psychiatric labels to improve young people's understanding of the range of mental health problems. Recommended strategies to reduce public stigma include awareness campaigns integrated with educational institutions and content relevant to culture and age-appropriate social roles (**Gaiha et al., 2020**). **Now**, the time has come to take on a new approach with renewed vigor. Mental health awareness can become both the means and the way of ending this apathy. Progressive government policies based on evidence-based approaches, an engaged media, a vibrant educational system, a responsive industry, aggressive utilization of newer technologies and creative crowd-sourcing might together help dispel the blight of mental illnesses (**Srivastava et al., 2016**).

But above all, we as a society need to change our outlook. We need to spread awareness and stop the stigma that is associated with such disorders. Only then will the people in need of help will come forward by themselves and we'll be a step closer to attaining a healthy society.

References:

1. **CDC. (2021).** Mental health and coping with stress during COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

2. **Gaiha, M. S., Salisbury, T. T., Koschorke, M., Raman, U. and Peticrew, M. (2020).** Stigma associated with mental health problems among young people in India: a systematic review of magnitude, manifestations and recommendations. *BMC Psychiatry*. 20:538
3. **Government of India. (2014).** New Pathways, New Hope: National Mental Health Policy of India New Delhi, India: Ministry of Family Welfare, Government of India (GoI).
4. **Jorm A. (2000).** Mental health literacy: Public knowledge and beliefs about mental disorders. *Br J Psychiatry*. 177(05):396–401
5. **Math, S. B., & Srinivasaraju, R. (2010).** Indian Psychiatric epidemiological studies: Learning from the past. *Indian journal of psychiatry*, 52(Suppl 1), S95–S103.
<https://doi.org/10.4103/0019-5545.69220>
6. **Ministry of Law and Justice, Government of India. (2017).** The Mental Healthcare Act (Part II- Section 1). New Delhi: Controller of Publications; 2017. Available from:
<http://www.egazette.nic.in/WriteReadData/2017/175248.pdf>.
7. **NIMHANS. (2016).** National Mental Health Survey of India, 2015-16: Prevalence, Pattern and Outcomes, National Institute of Mental Health and Neuro Sciences, Bengaluru. Available at:
<http://www.nimhans.ac.in/sites/default/files/u197/NMHS%20Report%20%28Prevalence%20patterns%20and%20outcomes%29%201>.
8. **NIMHANS. (2020).** Mental Health in the times of COVID-19 Pandemic-a guidance for general medical and specialised mental health care settings. Department of Psychiatry, National Institute of Mental Health & Neurosciences (NIMHANS), Bengaluru, India-560029.
9. **Patel, V., Ramasundarahettige, C., Vijayakumar, L., Thakur, J. S., Gajalakshmi, V. and Gururaj, G. (2012) .** Suicide mortality in India: A nationally representative survey. *Lancet*. 379:2343-51.
10. **Reddy, VENKATASHIVA. (2019).** Mental health issues and challenges in India: A review. *Int. j. soc. sci. manag & entrep.*, 3(2):72-78
11. **Shankardass, Mala Kapur. (2018).** Mental Health Issues in India: Concerns and Response. *Indian Journal of Psychiatric Nursing*. 15(1) 58-60
12. **Srivastava, K., Chatterjee, K. & Bhat, P. S. (2016).** Mental health awareness: The Indian scenario. *Industrial psychiatry journal*. 25(2), 131–134. https://doi.org/10.4103/ipj.ipj_45_17

- 13. Stein, D. J., Phillips, K. A., Bolton, D., Fulford, K. W. M., Sadler, J. Z., & Kendler, K. S. (2010).** What is a mental/psychiatric disorder? From DSM-IV to DSM-V. *Psychological medicine*, 40(11), 1759- 1765.
- 14. Venkataraman, S., Patil, K. R. and Balasundaram, S. (2019).** Why mental health literacy still matters: a review. *Int J Community Med Public Health*. 6(6):2723-2729
- 15. World Health Organization. (2019).** Mental Disorders. <https://www.who.int/news-room/factsheets/detail/mental-disorders>
- 16. WHO. (2019).** The WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health.
- 17. World Health Organization (2016).** World Health Statistics 2016. Geneva 27, Switzerland: World Health Organization; 2016.
- 18. WHO. (1948).** Constitution of the World Health Organization. WHO, Geneva.

IJSER